

# BURLINGTON RECREATION AND PARKS DEPARTMENT

## SUMMER CAMPS PROGRAM

### REGISTRATION FORM

YEAR 2005

CIRCLE ONE

BURLINGTON DAY	FOREST HILLS	EXPLORERS	OVERBROOK I
FAIRCHILD	GROVE PARK	MAYCO BIGELOW	OVERBROOK II

Registration Fee: \_\_\_\_\_ Amount Paid \_\_\_\_\_ Ck. Or Cash \_\_\_\_\_ Amount Due: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_ GRADE: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

T-SHIRT SIZE	Youth Med.	Youth Large	Adult Small	Adult Med.	Adult Large	Adult X-Large
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MOTHER'S NAME: \_\_\_\_\_

MOTHER'S ADDRESS \_\_\_\_\_

MOTHER'S EMPLOYER \_\_\_\_\_

WORK PHONE# \_\_\_\_\_ HOME PHONE# \_\_\_\_\_

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FATHER'S NAME: \_\_\_\_\_

FATHER'S ADDRESS \_\_\_\_\_

FATHER'S EMPLOYER \_\_\_\_\_

WORK PHONE# \_\_\_\_\_ HOME PHONE# \_\_\_\_\_

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PLEASE LIST NAMES, ADDRESSES AND PHONE NUMBERS OF PEOPLE WHO MAY PICKUP YOUR CHILD  
OTHER THAN THE ABOVE PARENTS/GUARDIANS AND ALSO WHO CAN BE CONTACTED IN CASE OF AN  
EMERGENCY.

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMERGENCY CONTACT? YES \_\_\_\_\_ NO \_\_\_\_\_

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NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMERGENCY CONTACT? YES \_\_\_\_\_ NO \_\_\_\_\_

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NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMERGENCY CONTACT YES \_\_\_\_\_ NO \_\_\_\_\_

### HEALTH INFORMATION

1. ALLERGIES; PLEASE LIST \_\_\_\_\_ YES/ NO

2. HEART DISEASE \_\_\_\_\_ YES/ NO

3. RESPIRATORY PROBLEMS \_\_\_\_\_ YES/ NO

4. NERVOUS DISORDERS \_\_\_\_\_ YES/ NO

5. DIABETES \_\_\_\_\_ YES/ NO

6. HYPERACTIVITY \_\_\_\_\_ YES/ NO

7. IS YOUR CHILD TAKING ANY MEDICATIONS \_\_\_\_\_ YES/ NO  
IF SO PLEASE LIST BELOW:

OTHER MEDICAL CONCERNS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### EMERGENCY PERMISSION FORM

I GIVE PERMISSION TO BURLINGTON RECREATION AND PARKS DEPARTMENT STAFF TO AUTHORIZE EMERGENCY TREATMENT AND TRANSPORTATION OF MY CHILD TO WHATEVER HOSPITAL AVAILABLE.

CHILD'S NAME \_\_\_\_\_

DATE \_\_\_\_\_ PARENT'S SIGNATURE \_\_\_\_\_

THIS FORM IS TO BE USED BY THE COUNSELOR ONLY IN THE CASE OF AN EMERGENCY AND EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT.

### FIELD TRIPS

I GIVE MY PERMISSION TO BURLINGTON RECREATION AND PARKS DEPARTMENT STAFF TO PROVIDE TRANSPORTATION FOR ANY FIELD TRIPS THAT MY CHILD WILL BE INVOLVED IN. THE CITY OF BURLINGTON'S BUSES OR VANS WILL PROVIDE TRANSPORTATION. I GIVE PERMISSION FOR MY CHILD TO BE TRANSPORTED ON FIELD TRIPS AND FOR EMERGENCY EVACUATION

### CHILD'S SWIMMING ABILITY

\_\_\_\_\_ SHALLOW END 18" - 2FT

\_\_\_\_\_ GRADUAL 3-4FT

\_\_\_\_\_ SLIDE AREA 4-5FT

\_\_\_\_\_ DIVING AREA 6FT

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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### EMERGENCY EVACUATION PLAN

**IN CASE OF AN EMERGENCY YOUR CHILD WILL BE EVACUATED TO FAIRCHILD COMMUNITY CENTER - ON GRAHAM-HOPEDALE ROAD. (336) 222-5119 IF FARICHILD IS EVACUATED THEY WILL BE TAKEN TO THATAWAYS (336) 222-5134.**